



Washington State Criminal Justice Training Commission

***Qualification date you want to attend** (dates are on our [website](#)):

Qualified Retired Law Enforcement Officer Application for Certification to Carry a Concealed Firearm Law Enforcement Officer's Safety Act, USC 18 926(B) & 926(C), RCW 36.28A.090

APPLICANT	Applicant's Name (Last, First, Middle)				Home Address (Physical Address, include Mailing address if different)			
	City		State	Zip Code	Date of Birth	Age	Place of Birth (City, State)	
	Sex	Race	Height	Weight	Hair Color	Eye Color	Home Phone No.	Cell Phone No.
	Your Email Address				Social Security Number (Mandatory)			
AGENCY	Your Previous Law Enforcement Agency				Agency Address			
	City		State	Zip Code	Agency Phone Number		Total Service Years	
							Years	Months
	Law Enforcement Position Held – Must prove your position had statutory powers of arrest, i.e.: Police, Trooper, Deputy Sheriff, etc.							Date of Separation:
WEAPON (s) / RANGE	Type – Semi Auto Pistol or Revolver		Make	Model and Caliber		(Use additional page for additional firearms if needed)		
	<p>**If you are applying for LEOSA for the first time please remember to bring a copy of your application, a passport type photo and a copy of your retired agency ID or credential with you to the range. The photo will be used for your LEOSA ID card**</p>							
ELIGIBILITY	A Qualified Retired Law Enforcement Officer must meet the following eligibility requirements. Please answer the following questions.							
	Are you retired or separated in good standing from a service with a public agency as a law enforcement officer, for reasons other than mental inability?							Yes or No
	Prior to your separation were you authorized by law to engage in or supervise the prevention, detection, investigation, prosecution, or incarceration of any person for any violation of law and had the statutory powers of arrest?							Yes or No
	Before your separation, were you regularly employed as a law enforcement officer for an aggregate of 10 years or more of service, or were you separated from the agency due to a service-connected disability, as determined by such agency, provided that any applicable probation period had been completed prior to the separation?							Yes or No
	Are you under the influence of alcohol or other intoxicating or hallucinatory drug or substance?							Yes or No
	Are you prohibited by Federal Law from possessing a firearm?							Yes or No
	Are you prohibited by State Law from possessing a firearm?							Yes or No
SIGNATURES	Do you possess a photographic identification issued by the law enforcement agency from which you are retired or separated?							Yes or No
	I do hereby declare and affirm under penalty of perjury that the contents of this application are true and correct to the best of my knowledge, information, and belief and that I am a resident of the State of Washington.							
	Printed Name of Applicant			Signature of Applicant			Date	
CJTC	Printed Name of Firearms Instructor			Date Received		Signature of Firearms Instructor		
	_____ NEW _____ Date Certificate Issued _____ RENEWAL _____ Date ID Card Mailed			FISCAL OFFICE: _____ Date Payment Received _____ Amount of Payment _____ Check #/Cash/MO				

Return this application along with payment to: WSCJTC Fiscal Unit, POB 40905, Olympia, WA 98504. Make checks payable to the WSCJTC. You may also email your application to CITRegistrar@cjtc.state.wa.us or fax it to: 206-835-7953 and pay when you qualify at the range. (Checks, Cash and Money Orders only)

Revised: 11/21/2013